

Medical Home Advisory Council Meeting 10.19.11

On the Phone: **Bill Pfingsten**, Bozeman Deaconess Health Group; **Kirsten Mailloux**, EBMS; **Dr. Jay Larson**, Independent Provider; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Paul Cook**, Rocky Mountain Health Network; **Carol Kelley**, Bozeman Deaconess Internal Medicine Associates; **Cindy Stergar**, CHC-Butte Silver Bow Primary Care Clinic; **Bernadette Roy**, CHC-Partnership Health Center; **Kristina Davis**, Children's Defense Fund; **Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Bob Olson**, MHA; **Claudia Stephens**, Montana Migrant and Seasonal Farm Worker Council; **Kristin Juliar**, Montana Office of Rural Health; **Dr. Deborah Agnew**, Billings Clinic Pediatrician; Jean Branscum, MMA; Pat Murdo, Legislative Services

In Person: **Dr. Bob Shepard**, New West Health Services; **Dr. Fred Olson**, BCBS MT; **Dr. Jonathan Griffin**, St. Peter's Medical Group; Janice Mackenson, Mountain Pacific Quality Health; **Paula Block**, CHC-Montana Primary Care Association; **John Hoffland**, DPHHS, Passport to Health; **Dr. Tom Roberts**, Western Montana Clinic; Myrna Seno, Mountain Pacific Quality Health; Christina Goe, CSI; Christine Kaufmann, CSI; Amanda Roccabruna Eby, CSI

Members absent- **Dr. Jerry Speer**, Benefis Health System; **Dr. Doug Carr**, Billings Clinic; **Todd Lovshin**, Allegiance Life and Health Company; **Loren Schrag**, HealthShare Montana; **Rick Yearry**, Mountain Pacific Quality Health; **Lisa Wilson**, Parents, Let's Unite for Kids-PLUK

The meeting was called to order at 1:00 PM by Chairman, Dr. Bob Shepard. Twenty of the twenty-six council members were present either by phone or in person.

1. Approval of Minutes from Last Meeting

The minutes of last meeting were approved by the council unanimously without any additions or corrections.

2. Reports from Subcommittees

Dr. Carr was not able to be on the call to give a report on the Framework for Payment Subcommittee. Dr. Shepard gave a brief report on progress noting a general consensus on four components for payment—a traditional fee for Service, a participation fee that ties to the costs to administer the medical home for all patients, a care management fee based on specific diagnoses, and a quality improvement measurement fee. The Quality Metrics Subcommittee has not met since the last council meeting. D

3. Discussion of Survey of Primary Care Practices

The council decided that they will continue with the concept of using a survey to distribute across the state to illicit information about the level of understanding and knowledge of medical homes around the state in the primary care community and to also engage interested practices in joining the initiative to eventually participate in a pilot project. However, the council discussed several issues with the effectiveness of the survey in regard to addressing it to providers or practice managers, length of the survey, specificity to the audience, and strategy

for distribution. Dr. Griffin has agreed to work with to work with Dr. Roberts and Janice Mackenson to re-structure the survey into two new surveys; one to be as short a page with more general questions targeted to the providers, and the other to be a longer and slightly more comprehensive survey targeted to the practice managers. Drafts of the two new surveys will be made for the council to review within the next two weeks. MT Medical Management Association endorsed distribution of the survey.

4. CMS Comprehensive Primary Care Initiative RFP – Dr. Rob Stenger and Myrna Seno

Council members have worked on the CMS Comprehensive Primary Care Initiative RFP to identify payers within the group who might be interested in participating in the RFP. Blue Cross Blue Shield and New West both plan to submit letters of intent for the RFP, it is doubtful that Medicaid will participate but they are still looking into it, and the rest of the payers have yet to respond on this issue.

5. Discussion of Council responsibilities and CSI authority with regard to vendor selection and administering a pilot project

Christina Goe, General Counsel for Commissioner Lindeen, reminded the group that Advisory Councils cannot make policy or administer a program, including setting up a pilot or selecting a vendor. The Council was established to advise and recommend to the Commissioner on the best options for establishing medical homes for Montana's consumers. Neither could the Commissioner's Office set up a new program without more clear legal authority. Until such authority is granted, a separate private organization would need to run the program. There is nothing to prohibit Council members from forming a separate group to work on a pilot. The Advisory Council still has value in making legislative recommendations on structure and anti-trust immunity, and in establishing a quality metrics model for medical homes, recommendation on the attributes of a data system, and a framework of payment that does not set prices.

a. Vendor Selection

Decision: The council decided that since they do not have the authority to make a recommendation on a data repository vendor, they will not be continuing with that specific process.

Blue Cross Blue Shield has already made plans on their own initiative to convene a conversation with multiple payers and primary care doctors from across the state about data repository vendors. The Council will not be involved in that process. The Quality Metrics Subcommittee will continue its work on selecting performance benchmarks for metrics that they find most important and recommending more general attributes needed for a medical home data repository. Participants in the group BCBS convenes will be asked to consider those attributes and quality metrics. Mountain Pacific is still willing to guide the conversation to help the Council get a better understanding of the ideal prerequisites to recommend to the providers and payers.

b. Pilot Project

The council agreed that since they do not have the authority to administer a pilot project program for patient-centered medical homes across the state, the task of running that program will have to be handed over to some other entity. That entity could be a non-profit group with a board including some of the active players from this Council, but a recommendation was not made.

c. Next Steps for Role of the Council

There is still a significant amount of background work and preparation that this council does have the authority to do and will need to be done before any entity could administer a pilot program. Therefore, the official state Patient-Centered Medical Home Advisory Council will continue to be convened by the Office of the Commissioner of Securities and Insurance for the purpose of bringing the payers, providers, and patient advocates together for a more coordinated and more successful initiative.

Decision: The Framework for Payment Subcommittee will continue its work on creating a model for most viable and efficient payment mechanism for all payers in the state to use and they will make their final recommendation to participating payers. The Quality Metrics Subcommittee will continue to meet to establish recommendation for benchmarks for quality improvement and forward concepts about the attributes needed for a data system.

Decision: The Council can also start working on several options for legislation to recommend to the Commissioner for the 2013 legislative session. Some of the options to be considered for legislative recommendations are authority for the Commissioner to uphold standards for a multi-payer initiative, authority for her to mandate participation of payers in a multi-payer initiative for medical homes, authority to create a state action to waive federal anti-trust law for the purposes of PCMH, The creation of a quasi-governmental board to administer a pilot program. The most realistic option to get passed by the legislature is something general that provides executive authority rather than details of a specific program.

6. Discussion of forming a private non-for-profit.

See above: The Council considered this option briefly but delayed any recommendation

7. Additional Agenda items:

The Council asked staff to revise the work plan outline to reflect the discussion at the meeting.

8. The next Advisory Council meeting will be Wednesday, November 2nd. Both subcommittees will meet on October 26th.

The Council adjourned at 2:40 pm